

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6310-62-024824  
STATE FILE NUMBER

318

1003

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 12 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>55 days</b>	c. CITY OR TOWN <b>O'Fallon</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>611 Hartman Lane</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHESTER</b> Middle <b>KIRCHEN</b> Last <b>KIRCHEN</b>		4. DATE OF DEATH Month <b>June</b> Day <b>26</b> , Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/1/07</b>
9. AGE (last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garment Factory</b>	11. BIRTHPLACE (City and state or country) <b>Pearson, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charlie Austen Stark</b>	
13b. MOTHER'S MAIDEN NAME <b>Laura E. Bettus</b>		14. NAME OF HUSBAND OR WIFE <b>Leo Kirchen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>negative</b>	
17. INFORMANT <b>Leo Kirchen, 611 Hartman Lane, O'Fallon,</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Possible gram negative</b> DUE TO (b) <b>Debitation Left sided emphysema</b> DUE TO (c) <b>Multiple myeloma 203X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>ca. 12 hrs.</b> <b>ca. 3 wks.</b> <b>ca. 4 mos.</b> <b>ca. 6 mos.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5/2/62</b> to <b>5/26/62</b> and last saw her alive on <b>5/26/62</b> Death occurred at <b>ca. 8 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marion H. Kirsch, M.D.</b>		22b. ADDRESS <b>The Jewish Hospital, St. Louis, Mo.</b>	
22c. DATE SIGNED <b>5/26/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>6/29/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Val Halla</b>	
23d. LOCATION (City, town, or county) <b>Belleville, Illinois</b>		24. FUNERAL DIRECTOR <b>P. W. Schildknecht, O'Fallon, Illinois</b>	
25. DATE RECD. BY LOCAL REG. <b>JUN 26 1962</b>		26. REGISTRAR'S SIGNATURE <b>Joan Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

*Handwritten notes and signatures at the top of the page, including "P. W. Schildknecht" and "Illinois".*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed P. W. Schildknecht  
P. W. SCHILDKNECHT

Licensed Embalmer No. 8549 (Illinois)

P. O. Address 301 So. Lincoln Avenue,  
O'Fallon, Illinois.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.